

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90057 040 ***150.00

DOCUMENT # P99000091802

1. Entity Name
LAKE WORTH MEATS, INC.



Principal Place of Business
1300 S DIXIE HWY
LAKE WORTH FL 33460

Mailing Address
~~**1300 S DIXIE HWY**~~
~~**LAKE WORTH FL 33460**~~



2. Principal Place of Business

3. Mailing Address

2855 BOSTON CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LANTANA, FL

4. FEI Number **65-0954977**

Applied For
Not Applicable

Zip

Country

Zip **33462**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUJO, ROLANDO SR.

~~**145 YACHT CLUB WAY**~~

~~**HYPOLUXO FL 33462**~~

Name

LUJO, ROLANDO SR.

Street Address (P.O. Box Number is Not Acceptable)

~~**2855 BOSTON CT**~~

City

LANTANA,

FL

Zip Code **33462**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUJO, ROLANDO SR.	
STREET ADDRESS	145 YACHT CLUB WAY	
CITY-ST-ZIP	HYPOLUXO FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUJO, ROLANDO JR.	
STREET ADDRESS	145 YACHT CLUB WAY	
CITY-ST-ZIP	HYPOLUXO FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUJO, ROLANDO SR.	
STREET ADDRESS	2855 BOSTON CT	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUJO, ROLANDO JR.	
STREET ADDRESS	2855 BOSTON CT	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)